Use of Quinacrine contraceptive

208. SHRI SOLIPETA RAMACHANDRA REDDY: Will the PRIME MINISTER be pleased to state:

(a) whether a contracaptive known as quinacrine is being tried on thousands of women in India, including by several Government hospitals;

(b) if so, the reasons therefor when its use has been banned in USA and even WHO has demanded further toxicology studies suspacting it to be carcinoganic; and

(c) whether Government propose to ban its trial in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) No banned contraceptive is allowed to be used in the country. The drug Quinacrine is not a banned drug as it was never introduced in the country. The Indian Council for Medical Research had initiated limited trials in 1993 with due approvals which were discontinued in the year 1994 when trials on 8 selected women indicated an unacceptable failure rate for prevention of pregnancy. The Drugs Controller General (India) has not granted permission to any doctor to conduct clinical trial with Quinacrine pellets nor is there any official application for the same. Acting on reports that some doctors are engaged in administering the drug 'Quinacrine', the Drug Controller General (India) with assistance from its zonal offices and State Drugs' Controllers has intervened in the recent past to stop any such administration forthwith in women.

(c) It has been decided to refer the matter to the Drug Technical Advisor Board, a statutory body under the Drugs and Cosmetics Act 1940 (Section 5), which advises Government on technical matters related to drugs and pharmaceuticals.

Meeting of National AIDS Committee

209. SHRI V. RAJESHWAR RAO:

DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the PRIME MINISTER be pleased to state:

(a) whether the National AIDS Committee had met recently;

(b) if so, what was the outcome of the meeting;

(c) what is the action taken by Government on the points agreed to and assurances given in the meeting; and

(d) what new steps are being taken to face the growing problem of AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRIMATI RENUKA CHOWDHURY): (a) to (c) The fourth meeting of the National AIDS Committee was held in New Delhi on 24th September, 1997. The major outcome of the meeting and the action taken thereon is annexed as statement (*See* below).

(d) A strategic action plan which envisages what is to be prioritised over the next five years is being formulated. A series of consultation with experts and eminent persons have been undertaken for finalising the strategies.

Statement

Action taken report on the meeting of the National AIDS Committee held in New Delhi on 24th September, 1997

S. No.	Suggestion made	Acton taken in this regard
1.	Sex education be imparted in schools, colleges.	Extensive discussions have been held with Ministry of Human resources Development (Department of Education) with a view to initiating awareness on HIV/AIDS through the curricular and non-curricular method. One workshop has already been held in this regard.
2.	Ministry of Labour should adopt a strategy for extending HIV testing facilities, backed by counselling services to all card holders of the ESI hospitals.	Discussions are being held with the Ministry of Labour in this regard.
3.	The need of sensitising the Members of Parliament and Members of Legislative Assemblies.	A decision has been taken in the National AIDS Committee meeting to sensitize MPs and MLAs. The details will take some more time to be finalised.
4.	The Research work should be given highest priority and that new approaches are necessary for surveillance.	Extensive discussions and Deliberations are in progress with technical experts and academicians to formulate the strategies for the next five years.
5.	The need to evolve a comprehensive National policy on AIDS prevention and control, an overall policy, especially to address social and ethical issues like HIV testing, right to employment and absence of discrimination at work place requires to be formulated and adopted by the Government.	This has received attention and the preliminary exercise of drawing up a policy has commenced.
6.	IEC activities should be given top most priority.	As the disease has no cure, the main thrust of the programme lies in creating Mass awareness for prevention of HIV/AIDS. As such, IEC component has been accorded a high priority in the present strategy of the programme.